

P14000036247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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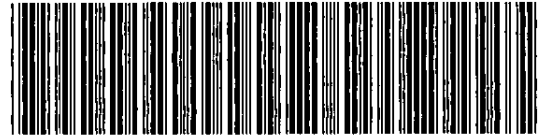
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR 23 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATIONS

1/11

COVER LETTER

New FL
Corporation

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Samurai Japanese Steakhouse &
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Sushi Bar
Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Roxanne Lee
Name (Printed or typed)

8780 Navarre PKwy
Address

Navarre, FL 32566
City, State & Zip

334-488-2256
Daytime Telephone number

leelin11c@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Samurai Japanese Steakhouse & Sushi Bar
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8780 Navarre Pkwy
Navarre, FL 32566

Mailing address, if different is:

23624 AL Hwy 55
Andalusia, AL 36420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Restaurant,
Food Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roxanne Lee - President Name and Title: _____
Address: 8780 Navarre Pkwy Address: _____
Navarre, FL 32566

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

STATE
SECRETARY
FLORIDA

14 APR 23 PM 3:26

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AND
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(cont.)

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AND
FILED

Name and Title: _____ Name and Title: 14 APR 23 PM 3:26
Address: _____ Address: SECRETARY OF STATE

_____ FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roxanne Lee
Address: 8780 Navarre Pkwy
Navarre, FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roxanne Lee
Address: 8780 Navarre Pkwy
Navarre, FL 32566

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Roxanne Lee
Required Signature/Registered Agent

4-23-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Roxanne Lee
Required Signature/Incorporator

4-23-14
Date